

M. AUDITS AND MONITORING

Overview

Introduction The State WIC office will conduct both Fiscal and Management Evaluations of local agencies in order to:

- ensure compliance with federal and state regulations
- provide technical assistance and clarification of policies
- ensure appropriate and adequate staffing
- identify strengths and specific program problems
- identify training needs

A positive approach will be taken during the Management Evaluation with the belief that the visits will be beneficial to both the state and local agencies.

In this section This section contains the following topics.

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M.1. Fiscal Audits

Local agency independent Fiscal Audits

Due to the Single Audit Act independent auditors hired by their own agency must audit all local WIC agencies on a yearly basis. The auditor will send the findings and recommendations to the Bureau of Financial Audit.

State Department of Health Fiscal Audits

Approximately every three years, each local agency will also have a financial audit conducted by the Bureau of Financial Audit of the State Department of Health.

What will be included in the audit

The State Department of Health Fiscal Audit is more comprehensive than the local agency independent audit. The auditor for the State Health Department will review documentation at your agency for:

- Expenditures: Budget vs. Actual
Actual vs. the Expenditures reported to the State
- Revenues: Actual vs. Revenues reported to the State

The auditor will use the audit guidelines provided by USDA, as well as the specific standards set forth in the publication "The Standards of Audit of Government Organizations, Programs, Activities and Functions," issued by the Comptroller General of the United States. These audits will be used to determine:

1. whether financial operations are properly conducted
 2. whether the financial reports are fairly presented
 3. whether the agency has complied with applicable laws, regulations, and administrative requirements pertaining to financial management.
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Exemptions from State Fiscal Audits

If the local agency WIC Program is being audited by another state, federal, or independent auditor during this time frame, the State Department of Health may elect not to conduct their audit, or may only cover the areas not included by the other independent audit. The State Department of Health will determine this after reviewing the results of the independent audit.

M.2. Local Agency Management Evaluations and Site Visits

**How often will
Management
Evaluations/
Site visits be
done**

Every local agency will be evaluated once every other fiscal year. The review will include a minimum of 20 percent of the clinics in each local agency or one clinic, whichever is greater. On alternating years, a site visit will be made.

**Who will
conduct the
local agency
Management
Evaluation/
Site visits**

The Management Evaluation will be conducted by administrative and nutrition staff from the State WIC office. Two State Office staff members usually conduct each audit.

**Scheduling the
Management
Evaluation/
Site visits**

The State WIC office will contact the local agency administrator to schedule the Management Evaluation or site visit at least 60 days in advance. A letter of confirmation will be sent to the local agency. The letter will include a list of information required for the visit.

The schedule for the visits to the local agencies is as follows:

Local Agency	Month of Scheduled Visit
Davis County	October
Salt Lake City-County	November
Tooele County	January
Teen Mom	February
Southeast District	March
Utah County	March
Bear River District	April
Southwest District	May
Summit County	May
Central District	June
Weber-Morgan District	July
Tri-County	August
Wasatch County	September

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M.2. Local Agency Management Evaluations, Continued

What will be covered during the Management Evaluation?

The State office will evaluate all aspects of program operations in the local agency including, but not limited to:

- program management
- staffing & training
- application time frames
- certification procedures/participant services
- eligibility
- laboratory procedures
- termination and ineligibility procedures
- voucher issuance
- nutrition education
- supplemental food issuance
- breastfeeding promotion and support
- civil rights compliance
- outreach
- computer reports
- vendor management
- participant abuse/complaints
- equipment maintenance and inventory
- financial systems

Self-Monitoring Tool

Prior to the State office evaluation, each clinic within the district shall perform the Self-Monitoring Tool found in this section. This tool must be completely filled out prior to the State visit.

Exit Review

An Exit Review will be held at the end of the Management Evaluation visit with the involved State WIC office staff and local agency personnel. Findings from the Management Evaluation will be discussed, along with ideas for implementation.

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M.2. Local Agency Management Evaluations, Continued

Findings letter	Within 60 days of the evaluation, a written report of the findings and recommendations will be sent to the local agency. The local agency will submit a written response addressing action taken or planned regarding the findings within 30 days of receiving the letter. The State office will then determine whether the local agency deficiencies have been adequately corrected.
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Technical Assistance visits	A Technical Assistance visit will be made upon request of the local agency or when the management evaluation indicates it is necessary. The Technical Assistance visit will be held midyear between management evaluation visits, to check on previous findings, provide training, and answer any questions that the local agency may have.
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Site visits	A site visit will consist of observation of clinic functions, feedback on observations, training requested by the local clinic and training that the state staff identifies as needed by local agencies.
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M.3. State Agency Management Evaluations

FNS Management Evaluation Visits

At least once every 3 years, USDA will evaluate the Utah WIC Program. Upon receipt of the findings letter from FNS, the state WIC Office will submit a written response addressing action taken or planned regarding the findings within 60 days of receiving the letter

M.4. Self Monitoring Tool

Please complete prior to the State ME visit.

Local Agency _____

Date _____

Completed by _____

M.3.1. Staffing and Training - Personnel

List all staff members currently working for the WIC Program.

WIC Title (CPA, CA, clerk, etc.)	Name/Credentials	Date Hired Month/Year	# hrs/wk worked in WIC

Please answer the following questions.

Present Caseload?	
Total # FTE hours?	
Do you feel your staff/participant ratio is adequate, manageable, or inadequate? Explain why.	

M.3.2. Staffing and Training - Minimum Staffing Required

Which staff member(s) hold the following positions (see Section B.1. “Minimum Staffing Required” for WIC Agencies for definitions of these positions):

Position	Staff Member
Administrator/Director	
Registered Dietitian(s)	
Breastfeeding Coordinator	
Module Preceptor(s)	
Nutrition Class Preceptor	
Outreach Coordinator	
Vendor Coordinator	

M.3.3. Staffing and Training - Competent Professional Authorities

Please list all staff members who function as CPAs in this clinic (See Section B.2. for definition of CPA):

Staff Member	Credentials

M.3.4. Staffing and Training - Clinical Assistants

Please list all staff members who function as CAs in this clinic (See Section B.3. for definition of CA):

Staff Member	Credentials

M.3.5. Staffing and Training - Training Modules

Please answer the following questions (See Section B.4. for “Training Modules” and B.5. for “Minimum Training Required for Each WIC Function”).

Who is the module preceptor in this clinic/district?	
Have modules been completed by all staff members? If no, why not? List staff who have not completed modules and which modules are incomplete? (Attach a copy of the Module Completion logs for all staff members.)	
When was the Civil Rights module last completed? Was it completed as a group or individually? Did all staff members complete the training? If not completed in the last year, why not and when will it be completed?	

M.3.6. Staffing and Training - Inservices and CEUs

Please answer the following questions (see B.6. for information on inservices and CEUs).

Who is responsible for the area of inservices and CEU completion?	
How many hours of nutrition inservices were provided to the staff during the last year? (Provide inservice file including evaluation forms and attendance records to state staff)	
How do you determine your staff's nutrition inservice needs?	
Were all inservices evaluated? If not, why not and how will this be corrected?	
Date of breastfeeding inservice(s). Did ALL staff members attend? If not, why not and who did not attend (please list)	
Date staff was inserviced on the nutrition education plan.	
List all CPAs/CAs that did not receive 12 hours of inservices/CEUs in the last year. Why not and how will this be corrected next year? (Attach a copy of all CPAs/CAs inservice and CEU logs.)	

M.3.7. Certification/Eligibility - Application and Clinic Hours

Please answer the following questions (See Section C.2. and G.5. for information on clinic hours).

How are appointments offered outside normal business hours? If not offered, why not?	
What time is your latest certification appointment?	
What time is your latest class appointment?	
Are all applicants served within 10-20 days (based on category)? If not, why not and how will this be corrected?	
Is screen 101 completed for each applicant on the day they contact the clinic? If not, why?	
If no, is a "New Applicants Log" completed? If not, why and how will this be corrected?	
Who is responsible for "building" the schedule?	
Are there enough appointments to serve all applicants and participants in a timely manner? If no, why not and what steps will be taken to correct this?	
How do you handle participants who are late for class? For certs? Is this a formal policy? Does the state have a copy of this formal policy on file? (If not, please make a copy and supply to the state office.)	

M.3.8. Certification/Eligibility - Certification Periods

Please answer the following questions (See Section C.3. for further information on certification periods).

How soon after delivery are women certified?	
Are all breastfeeding women, infants and children certified every 6 months? If not, why not?	
For what reasons are certification periods shortened/extended. Is the reason documented? Where?	

M.3.9. Certification/Eligibility - Homeless

Please answer the following questions (See Section C.5. for the homeless policy).

Where are the homeless shelters in your area?	
How do you know if all shelters that serve WIC participants are in compliance with WIC conditions?	
When did the local agency monitor compliance? Is this on file? Who conducted the monitoring?	

M.3.9. Certification/Eligibility - Income Eligibility, Identity and Residency

Please answer the following questions (See Section C.4. for clarification on identity and residency and C.7. for clarification on income).

How are participants told they need to provide proof of identity, residency and income?	
What staff completes this screening?	
What is entered in the income field when participants are adjunctively income eligible?	
Do all participants bring proof of income, identity and residency? When is it <u>not</u> provided to the clinic? How is this documented?	
If the participant provides no income, identity and/or residency, what steps are followed?	

M.3.10. Certification/Eligibility - Laboratory Procedures

Please answer the following questions (See Section C.8. and the Anthropometric and Biochemical modules for information on laboratory procedures).

Who is responsible for: <ul style="list-style-type: none">• lab procedures?• graphing?• assuring equipment accuracy?• running whole blood controls?	
Why and when is referral information used? Where is the source of medical data documented?	
How do you know if all anthropometric data collected according to the Anthropometric Module?	
How do you know if all biochemical data collected according to the Biochemical Module?	
In the last 6 months, how many participants have been listed on the "99.9 Hematocrit" report? Is supporting documentation available?	
How many tubes of blood are collected for each participant?	
Are all data of infants < age 2 plotted on the B-36 month grid? Children > 2 years on 2 to 5 year grid? If not, why not? What is your method to check this is being done?	
Are Prenatal Weight Gain grids found in the charts of all pregnant women? If not, why not? How is this being checked?	

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M.3.10. Certification/Eligibility - Laboratory Procedures,
Continued

What procedures are used to ensure all pregnant women are weighed at each visit? How are the grids graphed and referred appropriately?	
When did the Bureau of Weights and Measures last check the scales?	
When was the last time measuring boards were checked for accuracy?	
How often are you running Whole Blood Controls?	
When was the centrifuge timer last checked? What were the results?	
How often are the scales, centrifuges and measuring boards cleaned? Where Is this documented?	
How do you ensure diet histories are scored according to the Diet Assessment Module?	

M.3.11. Certification/Eligibility - Proxies

Please answer the following questions (See Section C.11. for further clarification).

How often are proxies used in your clinic?	
What are participants told when offered proxies?	
Do all proxies sign the Rights and Responsibilities/ Proxy Release Form?	
What, if anything, are proxies required to bring to the clinic prior to receiving vouchers?	

M.3.12. Certification/Eligibility - Nutrition Risk Factors

Please answer the following questions (See Section D and the “Nutrition Risk Factor Report” [WICPR3003] for more information).

Who assigns NRF in this clinic? Who enters them into the computer?	
How does the clinic ensure all NRFs, including those that are not auto assigned, are assigned?	
How is the Medical History documented to support assigned/unassigned risk factors?	
What is the most frequently used risk factor for each category in this clinic?	
What is the risk factor used the least for each category in this clinic?	
Are there any risk factors you need clarification on during this visit?	

M.3.12. Voucher System - Voucher Issuance

Please answer the following questions (See Section C.10 and E for further clarification).

Do you every override the proration? For what reasons? Where is the reason documented?	
How are participants given 15 days notice (vouchered) prior to being removed from the program. Where is this documented? If not documenting or notifying, why not and how will this be corrected?	
Who is responsible for voucher issuance?	
Who signs the "Acknowledgment Form" ensuring all vouchers were sent from the State office?	
Where are vouchers stored?	
Have vouchers ever been stolen from your clinic? What procedures were followed?	
How are voucher receipts filed?	
When are vouchers printed before the participant arrives at the clinic?	
Where are back-up tapes stored?	
Where is the clinic documenting the reason why vouchers were replaced when voiding with a Used code?	
Where is the clinic documenting whether or not they know vouchers are lost?	
How frequently are voided vouchers sent to the State office? Are they voided on the computer?	

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M.3.12. Voucher System - Voucher Issuance, Continued

Explain the clinic's procedure for voiding vouchers returned to the clinic.	
Is the clinic documenting all formula returned on the "Returned Formula Log?"	
In what situations is the clinic mailing vouchers? Where is this documented?	
Where are Certified Receipts from mailing vouchers kept?	
How often does misnumbering occur in this clinic?	
How do you verify the red and black numbers are matching?	
How does the clinic train participants on the first and last day to use?	
What determines access to each computer screen? Who makes this decision? (Provide a list of staff and screen access)	
How is unused check stock identified by the State office resolved?	

M.3.13. Vendor Management

Please answer the following questions (See Section F for further clarification).

Who handles vendor management in this clinic?	
Where is the most recent vendor list posted?	
Does each vendor have their own file? What is kept in the vendor files?	
How are complaints, problem resolution, and follow-up with vendors documented? What types of complaints are documented?	
Which vendors have been monitored during the last year? Were they monitored within the appropriate time frames set by the state? Which vendors still need to be monitored? When will this be completed?	
What is the authorized pharmacy in the clinic area?	
What are some of the continuing problems the clinic is having with vendors?	

M.3.14. Ineligibility

Please answer the following questions (See Section G for further clarification).

What is kept in the ineligible file (i.e. what paperwork)?	
Are missed appointment letters being sent? If not, why not? If yes, where is the letter documented? How often are they mailed? How are ppts. who miss their appointment identified?	
How do you identify participants who are categorically ineligible? When do they receive a "Letter of Ineligibility?" Where is this documented?	
How do you identify participants who are due to be certified? How do you notify them when they are due to be recertified? Where is this documented?	
Who handles participant abuse in this clinic?	
How are complaints <i>against</i> a participant handled? Where are they documented?	
Are Alleged Participant Abuse Reports prepared for all individuals who have alleged abuse? In which cases is the report not completed?	
How do you follow-up or flag participants suspected of abuse?	
Is a "Priority 1" comment placed in screen 108 for all participants suspected of abuse? If not, why not?	

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M.3.14. Ineligibility, Continued

Is the abuse report completed appropriately and participants given appropriate corrective action?	
Where are the participant abuse reports filed upon completion?	

M.3.15. Supplemental Foods

Please answer the following questions (See Section H for further clarification).

Who is responsible for assigning food packages?	
Who is responsible for tracking and following special formulas?	
Where is food package tailoring and/or substitutions documented?	
Who approves non-contract and hydrolysate formulas?	
Who approves special formulas?	
Explain your procedure when accepting prescriptions for non-contract and special formulas.	
Explain your procedure when ppts do not have a prescription.	
How is low iron approved?	
Are Human Milk Fortifier and premature infant formulas approved & vouchered monthly or bimonthly? How is this tracked?	
Is the Special Formula report being used? How often? How is this report used?	

M.3.16. Nutrition Education

Please answer the following questions (See Section I for further clarification).

Who is responsible for coordinating nutrition education classes?	
How are nutrition education classes assigned for participants?	
Is nutrition education given at each clinic visit? If not, why not?	
How frequently are classes evaluated? By whom? (Provide evaluation file to state office)	
Who covers core contact?	
What is covered during core contact?	
Who teaches classes?	
How are you using videos?	
How do you provide education to non-English speaking participants?	
What do you do for participants who refuse nutrition education?	
How are high risk participants scheduled?	
Who writes the initial care plan? The follow-up care plan? How do you ensure that all required information is covered with the participant?	
How often are follow-up visits scheduled? For which risk factors?	

M.3.17. Nutrition Education Evaluation & Plan

Please answer the following questions (See Section J for further clarification).

Who wrote the Nutrition Education Plan? When was it submitted? When was it approved?	
What (if any) areas were not followed/completed? Why?	
Who performed the QA audit? What were the outstanding issues found during this audit? What is planned for resolution?	
Was the Participant Satisfaction Survey conducted this year? What will you change as a result?	
How are the CDC reports being utilized?	

M.3.18. Breastfeeding Promotion and Support

Please answer the following questions (See Section K for further clarification).

How does the clinic let the public know WIC supports breastfeeding? (i.e. posters, health fairs, etc.)	
What is used to make the WIC clinic environment breastfeeding friendly?	
What did you do during World Breastfeeding Month?	
When new staff is hired, what breastfeeding training is included?	
How are referrals made to Lactation Educators? In what circumstances?	
What breastfeeding resources are on your referral list?	
How do you ensure all prenatal and postpartum participants receive breastfeeding information? How do you include friends and family members in this education?	
How do you assess formula issuance for breastfed infants?	
How do you assist working moms, NICU babies, etc. with breastfeeding?	
What accommodations are made to ensure privacy for counseling and feeding for breastfed mothers?	
Who issues breast pumps and supplies in this clinic?	
Where are breastfeeding aids stored?	
How many Peer Counselors do you have? How many hours do they work? How is this meeting your needs?	

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M.3.18. Breastfeeding Promotion and Support, Continued

Who maintains the breastfeeding log? What forms are you using?	
When issuing electric breastpumps: <ul style="list-style-type: none">• Who issues the pump?• Where is the reason for issuance documented• Is the issuance documented in screen 108? If not, why not?• Is there weekly follow-up? By whom? If not, why not?• Who cleans the pump when it is returned? Where is the cleaning documented?	
Where is the reason for issuance of all other breastfeeding aids documented?	

M.3.19. Program Operations

Please answer the following questions (See Section L for further clarification).

What activities have taken place in the area of outreach this year?	
Did all outreach materials contain the clinic's address, phone number, clinic hours and the non-discrimination clause? If not, why not?	
Is all equipment tagged with a permanent ID number? If not, why not?	
Is all equipment which was recently purchased listed in the inventory file? If not, why not?	
What information is listed in your inventory file?	
Is the clinic is handicapped accessible. If no, what accommodations are made for participants with disabilities?	
How does the clinic communicate with non-English speaking participants at certification? During nutrition education classes?	
Where is the "...And Justice for All" poster located?	

M.3.20. Computer Reports

Please answer the following questions (See Section O for further clarification).

How are reports stored?	
How often is the "Unauthorized Access Report" run? Where is the supporting documentation found?	
How often do you run the "Proration Override Report?" Where is documentation regarding the reason for proration override located?	
How frequently is the "Auto Termination Report" run?	
When do you run the "Purge Report"?	
How are potential dual applicants being resolved on the "Dual Application Report?" Were there any actual duals in your clinic?	
How often and for what reasons are you using the "Ad Hoc Report?"	
Which other reports do you run on a regular basis? How do you use them?	
What additional reports do you need in this clinic? What would they be used for?	

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Policy Memos

Please answer the following questions (See Policy Memos for further clarification).

What is your procedure in disseminating policy changes to all staff?	
How do you ensure that all staff are told of changes?	

Self-evaluation Tool - Certification

Please review 15 files in a small clinic and 30 files in a large clinic. Ensure all categories of participants are reviewed (P, B, N, I, C). Below is space for 4 files. Please make copies for additional chart review. Fill in **actual data** unless yes/no question. Look at the most recent certification and the certification immediately prior. **Circle all deficiencies in red.**

What to Review	Chart #1	Chart #2	Chart #3	Chart #4
Participant Number				
Participant Name				
Category (P, B, N, I, C)				
Age at certification (if infant/child)				
Were they certified within 10-20 days of first contacting the clinic?				
Were they certified every 6 months?				
Hematocrit at cert				
Height/length & percentile at cert				
Weight & percentile at cert				
Height for weight percentile				
OFC at cert				
Prepregnancy/postpartum BMI				
Nutrition Risk Factors assigned				
CPA assigning risk factors/food package				
Food package assigned				
If food package not standard, is documentation available?				
Rights and Responsibilities complete?				
Medical History complete?				
Diet History complete?				
Infant Feeding Survey (for pregnant moms)				
Growth grid graphed accurately				
Prenatal grid graphed bimonthly				
What classes were attended? Are they appropriate for NRF and category?				
Notified of expiring cert (15 days notice)?				

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Self-Evaluation Tool - Closed Files

Please review 10 files in a small clinic and 15 files in a large clinic. Review all types of closed files (missed class appointment, categorically ineligible, missed cert appointment, request termination, etc.). Below is space for 4 files. Please make copies for additional chart review. Fill in **actual data** unless yes/no question. **Circle all deficiencies in red.**

What to Review	Chart #1	Chart #2	Chart #3	Chart #4
Participant Number				
Participant Name				
Reason removed from WIC				
Termination code on computer				
Type of letter issued				
Letter given 15 days before they were removed from the program?				

Self-Evaluation Tool - Ineligible Files

Please review 10 files in a small clinic and 15 files in a large clinic. Ineligible files are files made for participants who applied for the program but never received benefits (over income, no nutritional reason, etc.) Below is space for 4 files. Please make copies for additional chart review. Fill in **actual data** unless yes/no question. **Circle all deficiencies in red.**

What to Review	Chart #1	Chart #2	Chart #3	Chart #4
Participant Number				
Participant Name				
Income, Residency and ID information recorded				
Medical & Diet Histories complete (if needed)				
Letter of Ineligibility given				
Reason for ineligibility				
Term code on computer				
R&R on file				
Print screen of 101 on file				